TETRA TECH

July 10, 2013

VIA FEDERAL EXPRESS 8029161482560215

Ms. Kate Anderson
Chief, Clean Water Regulatory Branch
USEPA Region II
290 Broadway
New York, New York 10007-1866

Subject: National Pollutant Discharge Elimination System (NPDES) Permit Application for the Aguirre Gas Port located offshore from Jobos Bay, Puerto Rico

Dear Ms. Anderson:

Tetra Tech, Inc.on the behalf of its client Aguirre Offshore GasPort LLC (AOGP), a wholly owned subsidiary of Excelerate Energy L.P. (Excelerate Energy) is submitting two (2) copies of the attached draft National Pollutant Discharge Elimination System (NPDES) application for the discharge of non-process and cooling water associated with the proposed Aguirre Offshore Gas Port Project (the Project). The Project will be located in Salinas, along the southern shore of the Commonwealth of Puerto Rico in Commonwealth waters just off shore from Jobos Bay.

As per our e-mail correspondence with USEPA representatives, attached are the following forms with supporting documentation:

- Form 1
- Form 2D (with outfall dedicated profiles)
- Project Location Map
- Water Balance for the AOGP Floating Storage Regasification Unit (FSRU) and Gas Port Platform.
- Thermal Modeling Assessment Report for Outfall 001 and 002
- Form 2F Stormwater (with copy of Form 1)

Project Background

The Project is being developed in cooperation with the Puerto Rico Electric Power Authority ("PREPA") for the purpose of receiving and storing liquefied natural gas ("LNG") to be acquired by PREPA, regasifying the LNG, and delivering natural gas to PREPA's existing Aguirre Power Complex ("Aguirre Plant"). Pursuant to Section 3 of the Natural Gas Act ("NGA"), as amended, and Parts 153 and 380 of the regulations of the Federal Energy Regulatory Commission ("FERC"), AOGP recently filed an application to the FERC for authorization to site, construct and operate the Project.

The Project will utilize Excelerate Energy's proven Energy Bridge™ technology to receive, store and vaporize LNG for delivery as natural gas utilizing one of Excelerate Energy's existing Energy Bridge

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Regasification Vessels (EBRVs). The EBRV will be functioning as a floating storage and regasification unit (FSRU) for the Project. The FSRU will have a storage capacity of approximately 150,900 m^3 of LNG. The FSRU for the proposed Project will utilize the closed-loop vaporization mode during LNG vaporization which will not require direct seawater intake or discharge for LNG vaporization. LNG will be delivered to the Project via LNG carriers (LNGCs), unloaded and stored within an FSRU, regasified on the FSRU, and delivered directly to the Aguirre Plant by a subsea pipeline.

Standard vessel operations will require seawater use, whether the FSRU is in standby mode or vaporization mode. Seawater for all onboard use is withdrawn through the FSRU's sea chests. While no seawater intake or discharge is used for the regasification process, the normal water use requirements of an FSRU is up to approximately 56 million gallons per day (MGD) at an intake rate of approximately 0.45 fps. Of this volume, up to approximately 54 million gallons are used to support machinery cooling and the operation of the vessel's safety water curtain and then discharged. The remaining volume, up to approximately 2 MGD, is retained as ballast water and water to support crew needs (e.g., sanitary needs and potable water). The exact amount of ballast water needed for the FSRU on a daily basis will vary to compensate for the change in draft of the vessel as natural gas is sent out and LNG is transferred onboard. The withdrawal of seawater and discharge to marine waters would constitute a permitted activity under a surface water National Pollutant Discharge Elimination System (NPDES) program permit.

NPDES Permit for the FSRU, Gas Port Platform and Hydrostatic Test Water Discharge

Both the FSRU and Gas Port platform will have associated water needs and uses during operation of the Project which are detailed in the associated water balance diagrams. Water demands for the hydrostatic test will be a one-time event though a contingency (up to two additional test volumes) has been proposed to complete a successful test. This application was prepared to cover the permitting for the FSRU (Outfalls 001 to 007), Gas Port (Outfalls 008 and 009) and hydrostatic test (Outfall 010) discharges.

Request for PREQB Permitted Mixing Zone(s)

As detailed in Forms 2D for Outfall 001A/B and 002A/B, both discharges will have a thermal discharge associated with the use of cooling water for the main condenser (Outfall 001A/B) and auxiliary boiler systems (Outfall 002A/B). The estimated change in temperature (delta – T) for both discharges have the potential to exceed the Puerto Rico Environmental Quality Board (PREQB) temperature standard of 32.2 °C in the receiving waters of the Caribbean Sea. A permitted mixing zone (PREQB Rule 1305) is requested for both discharges. A thermal discharge assessment for both discharges was developed and presented in Resource Report 2 of the FERC application and is attached to this submittal. The thermal discharge assessment determined that the heated discharge would attain the PREQB standard (32.2 °C or 90 °F) within the predicted mixing zone based on the CORMIX and JETLAG models.

Please contact me at your earliest convenience to discuss the application submittal and to continue the application process. You can reach me at (973) 630-8530 or via email at John.Schaffer@tetratech.com. I look forward to hearing from you.

Sincerely,

John Schaffer
Principal Aquatic Ecologist

Enc: Aguirre GasPort NPDES Permit Application

cc: Mike Trammel, Excelerate Energy
Ernest Ladkani, Excelerate Energy
Annette Feliberty Ruiz, Chief Point Sources Permits Division, PREQB
Ivelisse C. Sánchez Soultaire, Esq., PREPA
Craig Wolfgang, Tetra Tech

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1	2	13	14	15
F				D

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully, if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	16	X 17	18	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	22	X 23	24	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	X 25	26	X 27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	28	X 29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	X 41	42	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	43	X 44	45

III. NAME OF FACILITY

1 | SKIP | Aguirre Offshore Gas Port

15 | 16 – 29 | 30 | 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Michael Trammel, Senior Director Environmental Affairs	(832) 813-7629
15 | 16 | 45	46 | 48 | 49 | 51 | 52- | 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

3 | 1450 Lake Robbins Drive, Suite 200

15 | 16 | 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 The Woodlands	TX	77380
15 | 16 | 40	41 | 42	47 | 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 | 3 miles Offshore from Jobos Bay

15 | 16 | 45

B. COUNTY NAME

Salinas County(Lat.17 deg. 54'14" Long. 66 deg. 13' 49")

46 | 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Salinas	PR	00751	NA
15 | 16 | 40	41 | 42	47 | 51	52 | 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4924 (specify) Natural Gas Distribution	4923 (specify) Natural Gas Transmission and Distribution

C. THIRD	D. FOURTH
4491 (specify) Marine Cargo Handling	1321 (specify) Natural Gas Liquids

VIII. OPERATOR INFORMATION

A. NAME: Excelerate Energy

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC *(other than federal or state)*, O = OTHER *(specify)*: P (specify) NA

D. PHONE *(area code & no.)*: A (832) 813-7629

E. STREET OR P.O. BOX: 1450 Lake Robbins Drive Suite 200

F. CITY OR TOWN: The Woodlands

G. STATE: TX

H. ZIP CODE: 77380

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N NA	9 P PFE-TV-4911-63-0796-005**
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U NA	9 NA (specify) NA
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R NA	9 NA (specify) NA

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

A floating storage regasification unit (FSRU) will be moored to an offshore GasPort Terminal located in the Caribbean Sea outside of Jobos Bay. The FSRU will regasify liquefied natural gas (LNG) supplied by liquefied natural gas carriers (LNGCs) that will moor to the GasPort Terminal every 1-2 weeks depending upon demand from the Aguirre Power Plant owned by the Puerto Rico Electric Power Authority (PREPA). The regasified natural gas will be delivered via submarine pipeline to the PREPA Aguirre Power Plant.

** PREPA Aguirre Power Plant Air Permit Number

XIII. CERTIFICATION *(see instructions)*

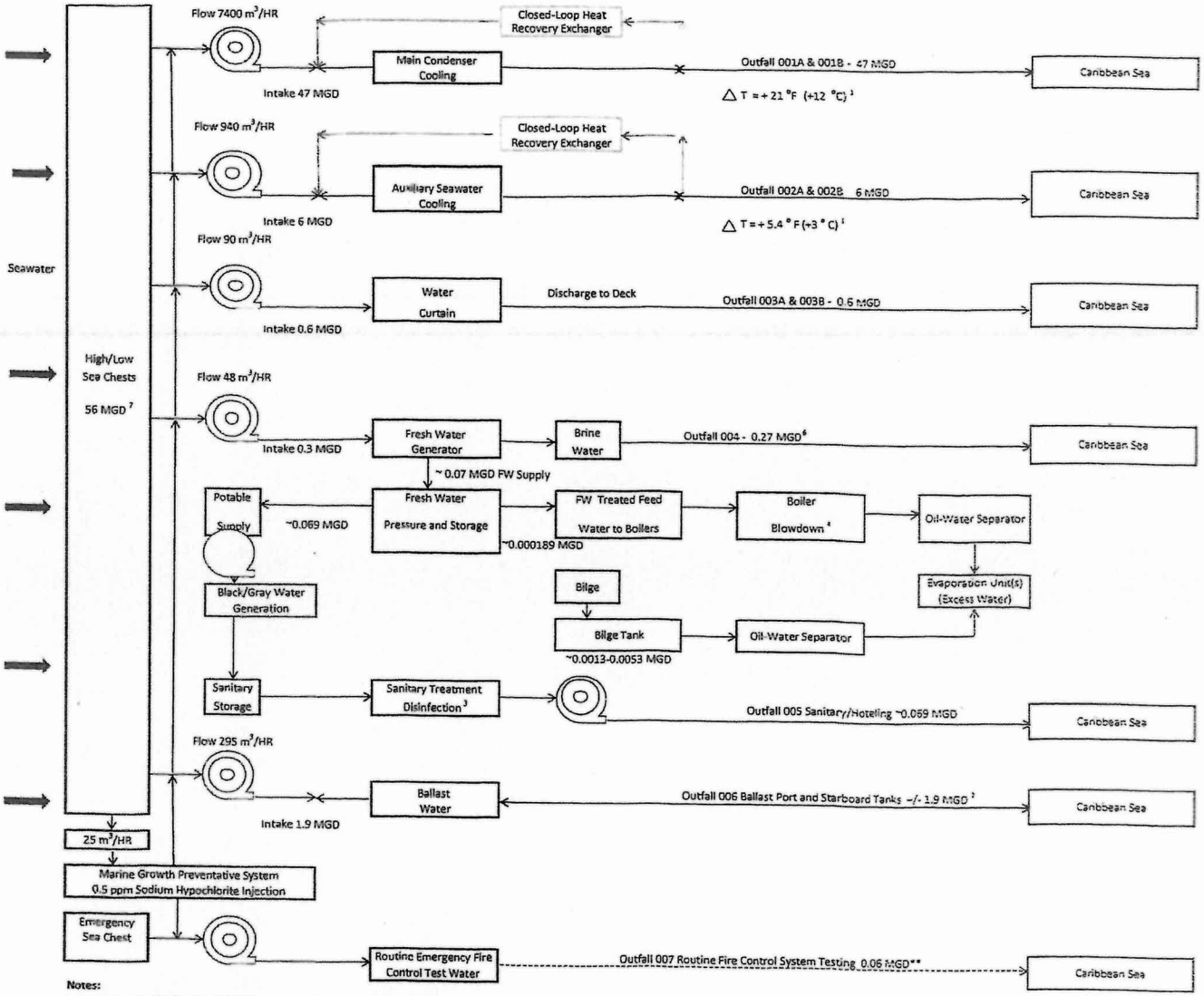
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
EDWARD SCOTT, COO		3 July 2013

COMMENTS FOR OFFICIAL USE ONLY

C

Aguirre GasPort Floating Storage Regasification Unit (FSRU) - Revised Preliminary Water Balance V1 5-21-13



Notes:

→ Continuous discharge

----------> Intermittent discharge based on regasification schedule

1 Water withdrawal and discharge based on closed loop and FRSU vessel readiness operation during regasification

2 Ballast water will vary significantly. Value based on Northeast Gateway Projectwith regasification process and on-board storage capacity of the FSRU and may cycle volumes of up to 10,000 m ³/hr.

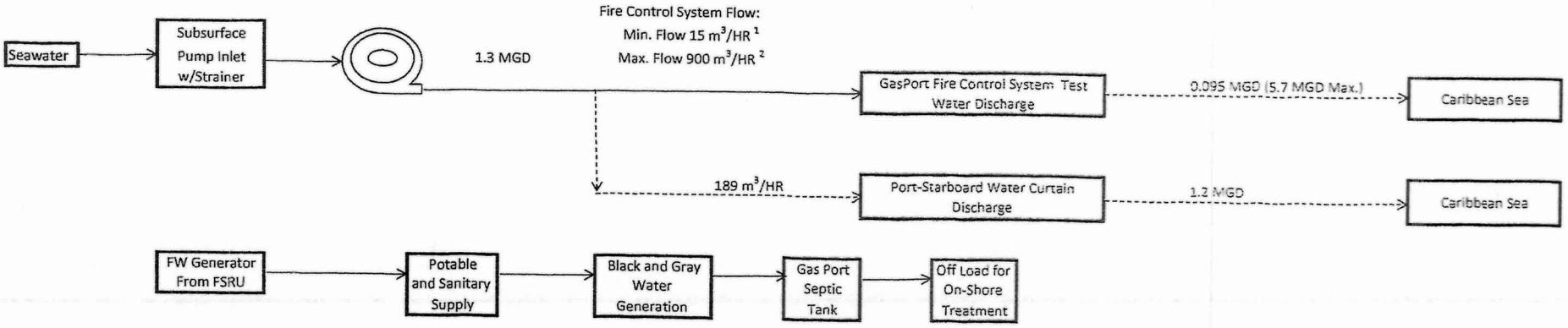
3 On-board gray/black water treatment and disinfection prior to discharge

4 Assumes that 2- Main Boilers have maximum volume of 3,100 gallons each and auxillary boiler has maximum volume of 310 gallons

5 Assumes a sanitary generation rate of 0.069 MGD for 100 member crew

6 Volume of discharge dependent upon daily potable supply and demand needs

7 An additional 960 m³/HR for emergency fire control system via emergency sea chest. Maximum withdrawal of 6 MDG only for emergency use. Intermittent routine testing will use estimated 0.06 MGD



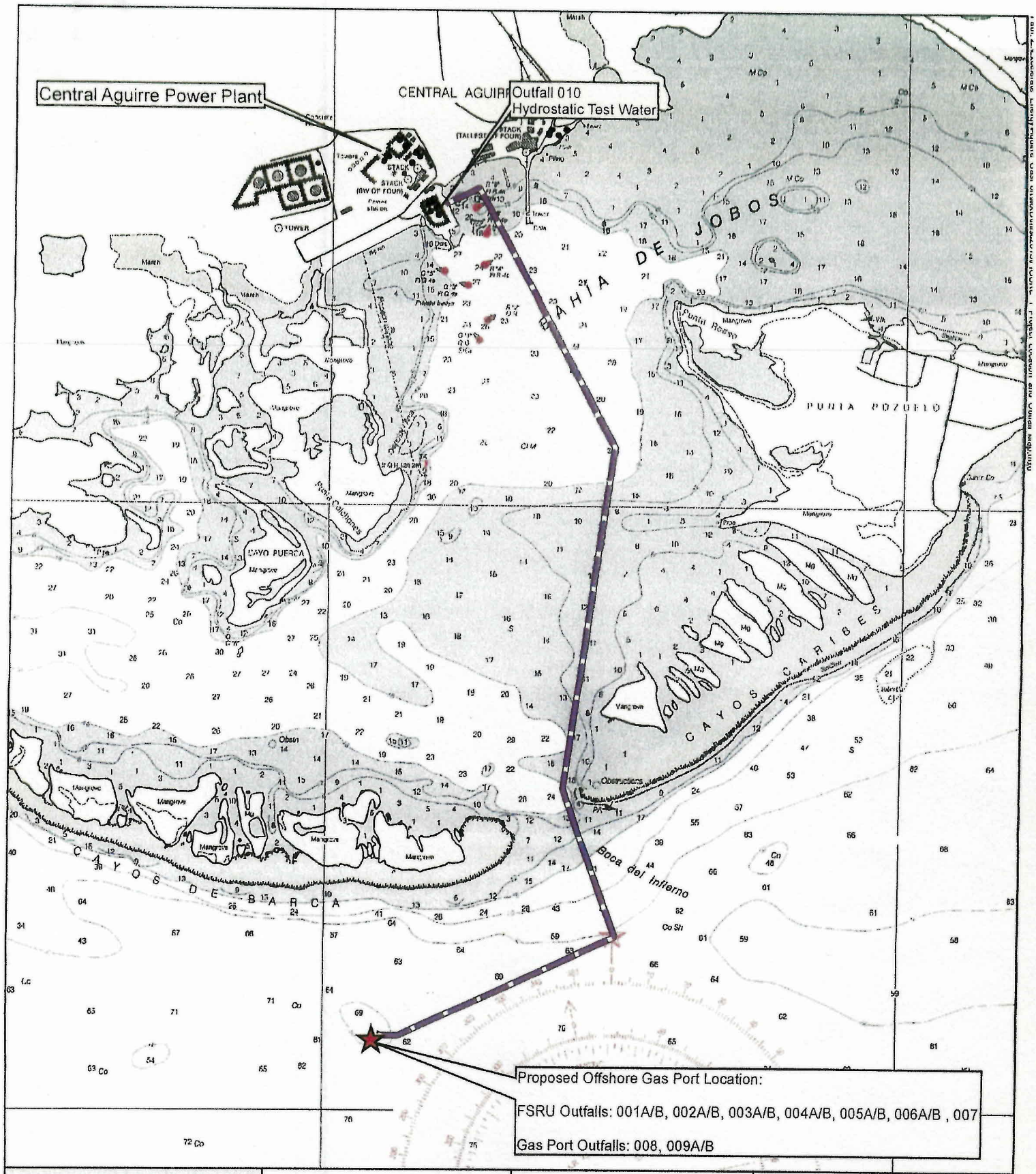
Notes:

——→ Continuous discharge

- - - - - - - - - - → Intermittent discharge based on regasification schedule

[1] Minimum water withdrawal for on demand pressure maintance and service supply will be on routine basis

[2] Maximum flow based on emergency water supply operational demand .



LOCATION MAP

Legend

- Proposed Offshore Terminal
- Proposed Pipeline Route

Sources:
NOAA Raster Navigational Chart 25687
NOAA Office of Coast Survey

Notes:
Sounding displayed in feet at MLLW

Kilometers
0 0.25 0.5 1

0 0.25 0.5
Statute Miles

excelerate energy

Figure 1
Project and Outfall Location Map

June 2013

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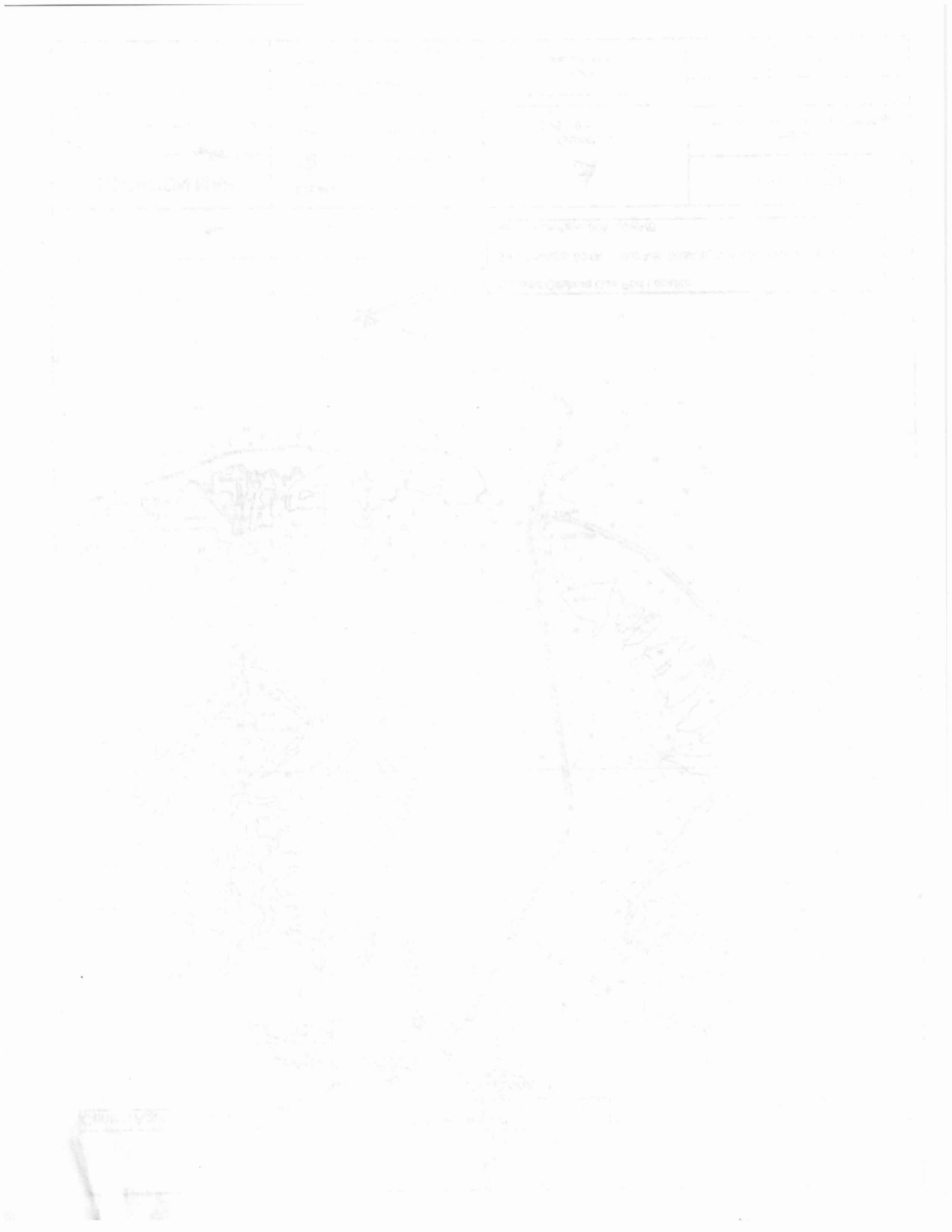


Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Please print or type in the unshaded areas only	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	

Form 2D NPDES

New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall Number (*list*)	Latitude			Longitude			Receiving Water (*name*)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
001A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
002A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
003A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
004 A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
005 A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)

II. Discharge Date (When do you expect to begin discharging?)

06/30/2015

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (*List*)	2. Average Flow (*Include Units*)	3. Treatment (*Description or List codes from Table 2D-1*)
001A/B	Main Condenser Cooling Water	47 million gal.per day (MGD)	5-F Chlorine treatment, 4-B Discharge to Ocean
002A/B	Auxillary Cooling Water	6.0 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
003A/B	Water Safety Curtain	0.6 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
004A/B	Brine from FW Generator	0.27 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
005A/B	Sanitary and Hoteling	0.069 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
	(Outfall Description	Page 1 of 2)	

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Please print or type in the unshaded areas only	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	

Form 2D NPDES

New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall Number (*list*)	Latitude			Longitude			Receiving Water (*name*)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
006A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
007	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
008	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long of Gas Port Platform Structure
009A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long of Gas Port Platform Structure
010 Hydrstatic Test Water	17.00	57.00	48.00	66.00	13.00	37.00	Jobos Bay - Lat. and Long. of test water discharge

II. Discharge Date (When do you expect to begin discharging?)

06/30/2015

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (*List*)	2. Average Flow (*Include Units*)	3. Treatment (*Description or List codes from Table 2D-1*)
006A/B	FSRU Ballast system	1.9 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
007	FSRU Fire Control Test Water	0.06 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
008	Gas Port Fire Test Water	0.095 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
009A/B	Port/Star. Safety Curtain	1.2 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
010	Hydrostatic Test Water	0.24 MGD	4-B Discharge to Ocean
	(Outfall Description	Page 2 of 2)	

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section IV*)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week (*specify average*)	b. Months Per Year (*specify average*)	a. Maximum Daily Flow Rate (*in mgd*)	b. Maximum Total Volume (*specify with units*)	c. Duration (*in days*)
003A/B FSRU Water Safety Curtain	3 days/wk.	12 mon./Yr.	0.6 MGD	73 million gallons (MG)	122 days
007 FSRU Fire Control Test Water	1 day/wk.	12 mon./Yr.	0.06 MGD	3.2 MG	52 days
008 GasPort Fire Control Test Water	1 days/wk.	12 mon./Yr.	0.095 MGD	4.9 MG	52 days
009A/B GasPort Water Safety Curtains	3 day/wk.	12 mon./Yr.	1.2 MGD	146 MG	122 days
010 Hydrostatic Test Water* (*One time test period and not continuing discharge)	-*	-*	0.24 MGD*	0.72 MG*	3 days*

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	A. Quantity Per Day	B. Units Of Measure	c. Operation, Product, Material, etc. (*specify*)
0.00	0.00	0	NA
0.00	0.00	0	NA
0.00	0.00	0	NA

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		001A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	17651	11767	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	103,942	55,501	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1,137	784	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	39,223	11,767	3,4-Need to consider influent concentration
Flow (MGD)	47	47	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	94	47	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	38.2	38.2	Requires mixing zone application
Temperature (Summer) (oC)	44.2	44.2	Requires mixing zone application
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	59	49	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		002A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	2,250	1,500	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	13,250	7,075	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	145	100	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	5,000	1,500	3,4-Need to consider influent concentration
Flow (MGD)	6	6	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	12	6	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	35.2	35.2	Requires mixing zone application
Temperature (Summer) (oC)	35.2	35.2	Requires mixing zone application
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	8	6	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		003A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	225	150	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	1325	708	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	15	10	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	500	150	3,4-Need to consider influent concentration
Flow (MGD)	0.6	0.6	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	1.2	0.6	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.8	0.6	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number 004A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	101	68	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	596	318	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	6.5	4.5	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	225	68	3,4-Need to consider influent concentration
Flow (MGD)	0.27	0.27	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.54	0.27	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.34	0.28	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		005A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	26	17.3	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	153.4	81.4	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1.7	1.2	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	58	17.3	3,4-Need to consider influent concentration
Flow (MGD)	0.069	0.069	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.14	0.07	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.09	0.07	3,4-Need to consider influent concentration
Coliforms(MPN/100 mL)	200	<200	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		006A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	713	475	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	4,195	2,240	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	46	32	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	1,584	475	3,4-Need to consider influent concentration
Flow (MGD)	1.9	1.9	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	3.8	1.9	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	2.4	2.0	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		007A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	23	15	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	133	71	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1.5	1.0	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	50	15	3,4-Need to consider influent concentration
Flow (MGD)	0.06	0.06	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.12	0.06	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.08	0.06	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number 008

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	36	24	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	210	112	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	2.3	1.6	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	80	24	3,4-Need to consider influent concentration
Flow (MGD)	0.095	0.095	Gas Port Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.19	0.10	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.12	0.10	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		009A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	450	300	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	2,650	1,415	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	29	20	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	1,000	300	3,4-Need to consider influent concentration
Flow (MGD)	1.2	1.2	Gas Port Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	2.4	1.2	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	1.5	1.3	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		010

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	90	60	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	530	283	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	5.8	4.0	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	200	60	3,4-Need to consider influent concentration
Flow (MGD)	0.24	0.24	Est. Hydrostatic Water Need/Test
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.48	0.24	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	-	-	No chlorine treatment applied
Res.Chlorine (pounds/day)	-	-	No chlorine treatment applied

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
NA	NA

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☐ Report Available ☑ No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
Northeast Gateway Energy Bridge Project NPDES Permit MA0040266	Atlantic Ocean,13 miles offshore from Gloucester, MA
PREPA Aguirre Power Station Complex NPDES Permit PR0001660	Salinas, Puerto Rico

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

None of the constituent concentrations consider an influent based contribution which must be considered for ambient surface water conditions at time of withdrawal.

Biological Oxygen Demand (BOD) estimate based on Puerto Rico Electric Power Authority (PREPA) discharge limits in Aguirre Power Plant NPDES permit (PR 0001660)

Chemical Oxygen Demand (COD) estimate based on effluent characteristics provided in USEPA (1999) nature of discharge report.

Total Organic Carbon (TOC) estimate based on effluent characteristics provided in USEPA (1999) nature of discharge report.

Total Suspended Solids (TSS) estimate based on USEPA Storet database data for TSS concentrations in Caribbean Sea waters and the Puerto Rico Environmental Quality Board (PREQB) narrative standard of no net increase in suspended solids other than by natural causes.

Flows based on projected discharge under maximum water use scenario for the FSRU or Gasport.

Ammonia concentration estimates based on USEPA (1999) nature of discharge report (for estimate purposes only).

Temperature (Winter) not to exceed the PREQB maximum standard of 32.2 oC (90oF) within permitable mixing zone. Maximum temperature rise based on discharge monitoring reports for the Northeast Gateway Project NPDES permit modification. Excelerate Energy requests the application for a mixing zone for Outfalls 001A/B and 002A/B.

Temperature (Summer) not to exceed the PREQB maximum standard of 32.2 oC (90oF) within permitable mixing zone. Maximum temperture rise based on discharge monitoring reports for the Northeast Gateway Project NPDES permit modification. Excelerate Energy requests the application for a mixing zone for Outfalls 001A/B and 002A/B.

Ph based on ambient conditions and PREQB standard of not to occur outside the range of 6.3 to 8.5 su

Residual chlorine levels based on anticipated residual levels for effective treatment for control of marine biofouling in water intake systems.

Excelerate Energy requests a PRDEQB mixing zone for Outfall 001A/B and Outfalll 002A/B.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title *(type or print)*	B. Phone No.
EDWARD SCOTT, GOO	832-813-7100
C. Signature	**D. Date Signed**
	3 July 2013

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
FSUR Stormwater	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea
GasPortStormwater	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea

II. Improvements

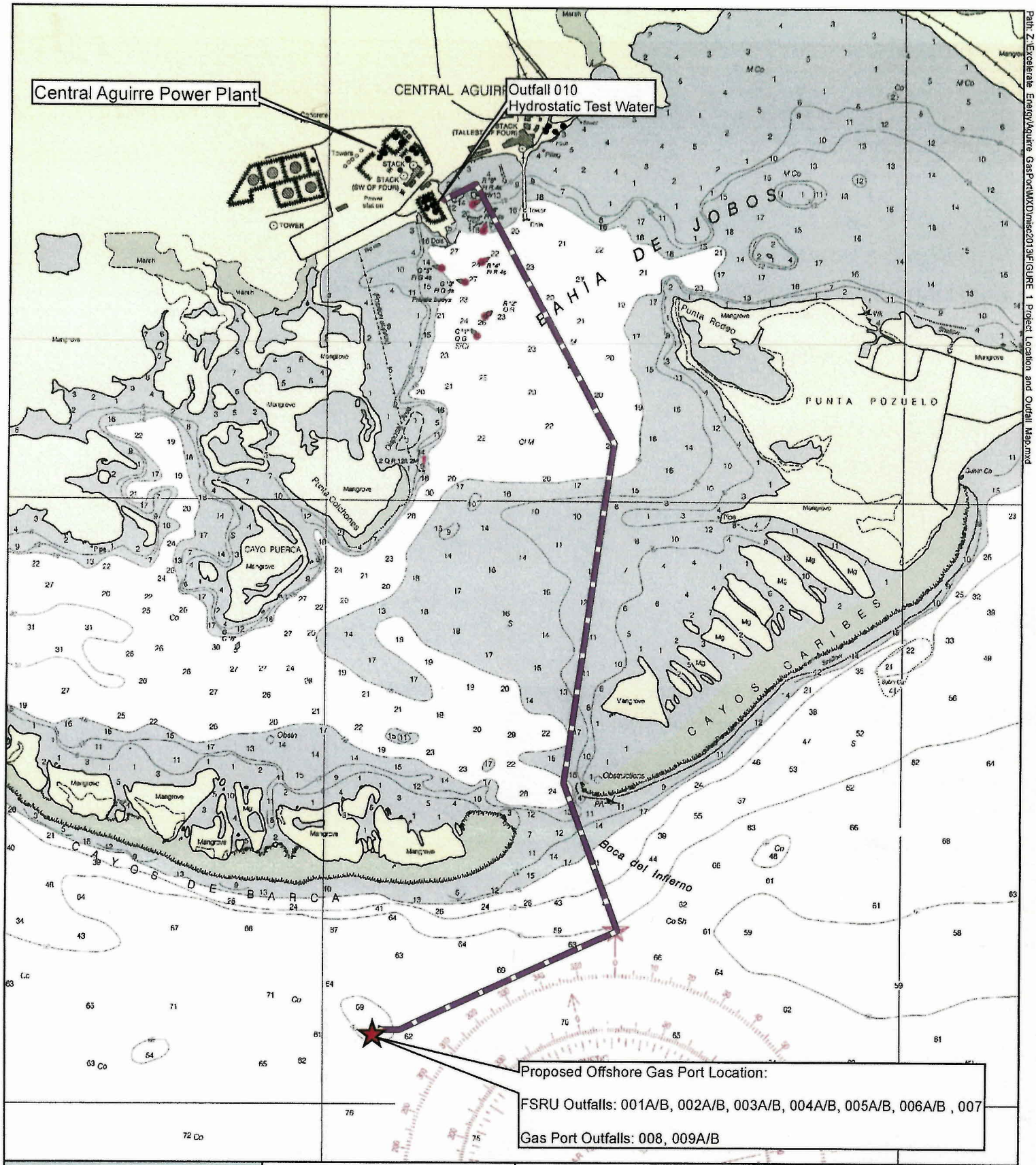
A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
NONE	NA	NA	NA		

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.



LOCATION MAP

Legend

- Proposed Offshore Terminal
- Proposed Pipeline Route

Sources:
NOAA Raster Navigational Chart 25687
NOAA Office of Coast Survey

Notes:
Sounding displayed in feet at MLLW

Kilometers
0 0.25 0.5 1

0 0.25 0.5
Statute Miles

excelerate energy

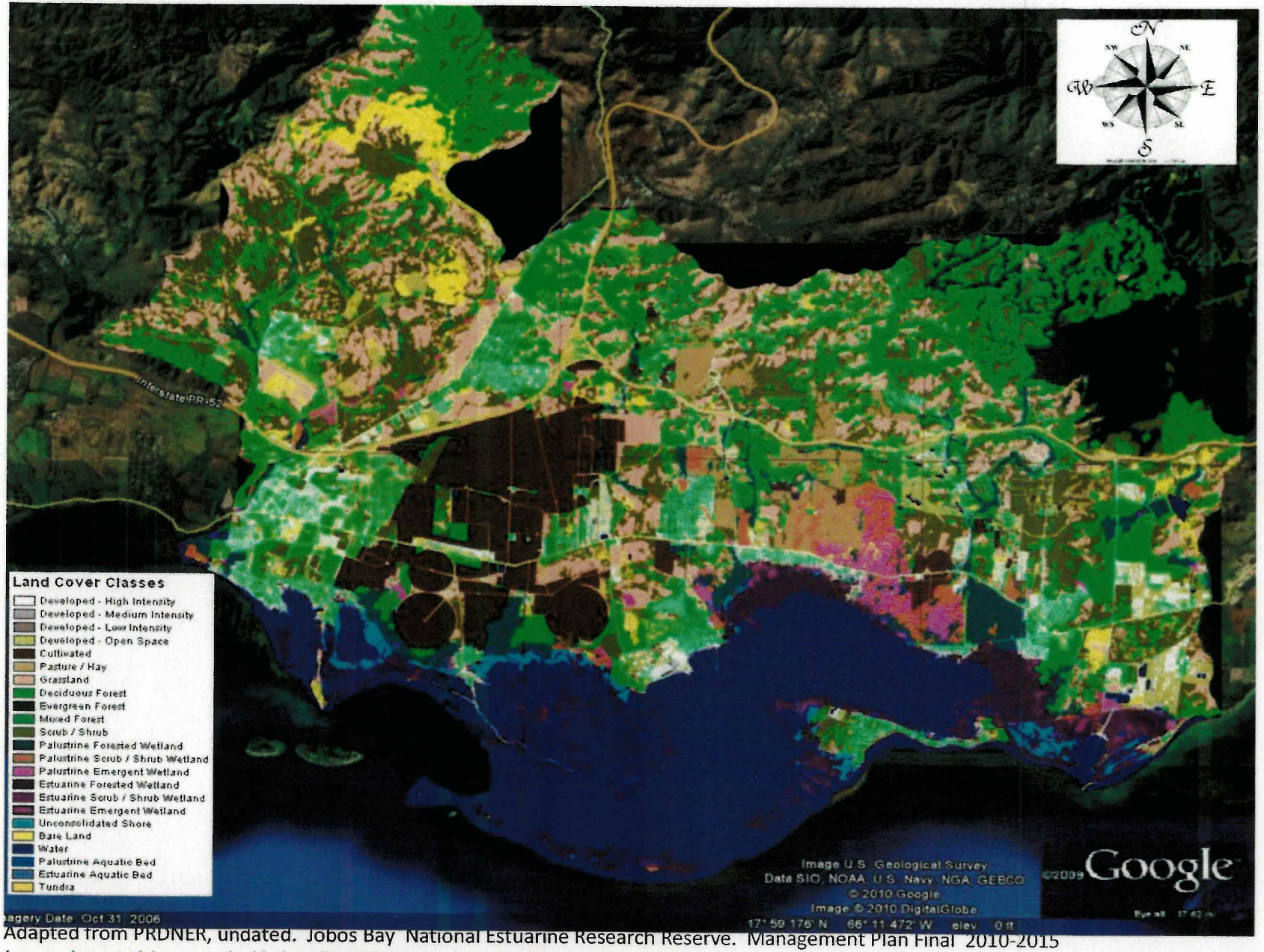
Figure 1
Project and Outfall Location Map

June 2013

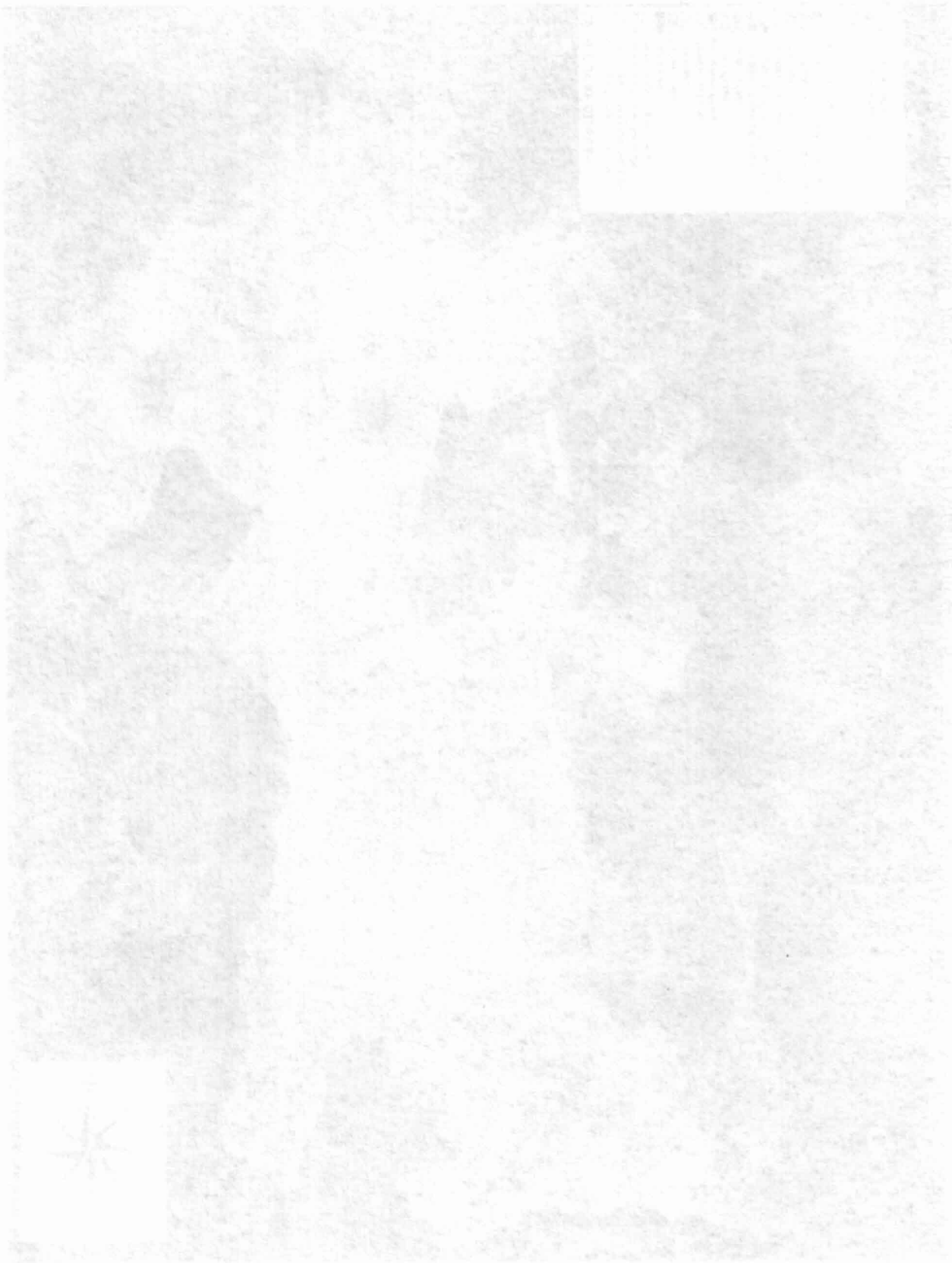
TETRA TECH

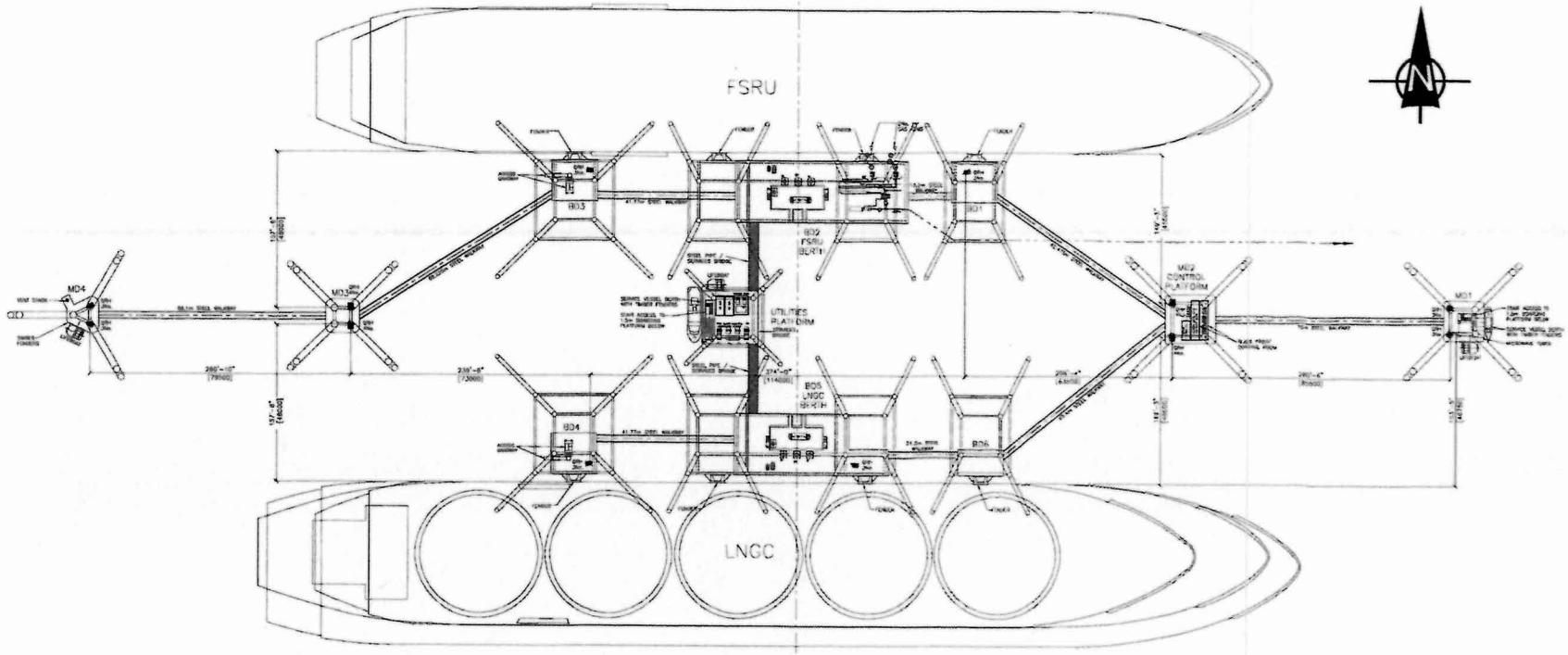
Path: Z:\Excelerate Energy\Aguirre GasPort\MXD\misc2013\FIGURE 1 Project Location and Outfall Map.mxd

Figure 2 Jobos Bay Watershed and Drainage Area.

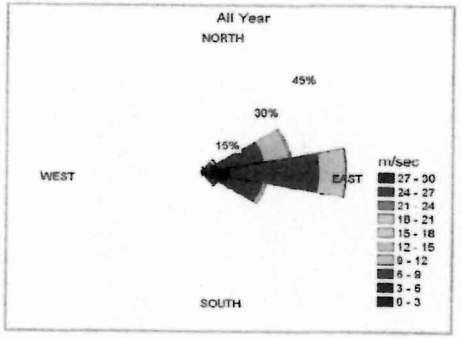


Adapted from PRDNER, undated. Jobos Bay National Estuarine Research Reserve. Management Plan Final 2010-2015 (www.drna.gobierno.pr/.../**JobosBayManagementPlan**FINALdecember.)

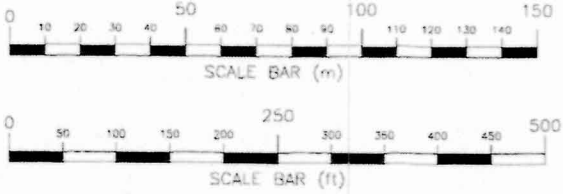




GENERAL ARRANGEMENT



WIND ROSE



REV	DATE	DESCRIPTION	BY	CHK	APP
1	10.12.12	PILE DESIGN UPDATED	SS	SR	JC
0	07.11.12	PRELIMINARY ISSUE FOR COMMENTS	SS	SR	JC

excelerate

Technica Limited

DRAWN BY	SS	PROJECT No.	04110300
DATE	07.12.12	CLIENT REF.	
CLIENT	EXCELERATE ENERGY		

TITLE: AGUIRRE OFFSHORE GASPORT
JACKETED PILES
GENERAL ARRANGEMENT

SCALE	DRAWING NUMBER	REVISION
1:500 A0 N.T.S. A1	04110300-C-0200-014	1

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
FSRU Over deck stormwa ter	Flat Deck area of FSRU approximates 300 m x 50 m	Approx. 15,000 square meters (m2)	Gas Port Overdec k Storm water	Gas Port Deck Area estimated to be 7,300 m2 and Gas Port access walk ways estimated to be 1900 m2.	Approx. 9,200 m2

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This is a proposed facility:

The FSRU will be moored to the Gas Port facility. This will be an operating, moored ship located off the coast of Jobos Bay which will act as a floating storage and regasification unit (FSRU) that will regasify liquidified natural gas (LNG) from LNG carriers for use by the Aguirre Power Station operated by the Puerto Rico Power Authority (PREPA). Operations of this vessel will include the use of machinery requiring lubrication, (oil and grease), hydraulic fluids and similar petroleum based fluids. Routine operation and maintaince of this machincery may result in the incidental/accidental leakage of such fluids onto deck areas. Such leakage will be captured via dip pans and collected and treated accordingly.

The Gas Port platform will be a manned deck platform area supporting diesel fuel generators and diesel fuel tanks. It will also support hydraulic oil tanks. Fuel or oil tank units will have associated bunds (with equivalent volume of 120% for spill/leak containment.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
FSRUSW	Openings of deck drains/ports will be lined with oil and grease absorbent pigs to filter out oil and grease prior to discharge. Equipment and piping connections that have potential to leak will have dedicated drip pan installed below which will capture any incidental leakage of oil or grease. These pans wil be inspected regularly. Any accumulated oil or grease will be recovered and treated accordingly.	1-X
GasPortSW	Diesel fuel and hydraulic oil tanks on Gas Port platform will be surrounded by containment bunds equal to 120% of the tank volume.	1-X

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
EDWARD SCOTT, COO		8 July 2013

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Proposed operation - No Data Available

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No data available. This is a proposed facility.

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☑ No *(go to Section IX)*

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☑ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(Type Or Print)*	B. Area Code and Phone No.
EDWARD SCOTT, COO	832-813-7100
C. Signature	D. Date Signed
	3 July 2013

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	NA	N/A	NA	NA	0.00	NA
Biological Oxygen Demand (BOD5)	NA	NA	NA	NA	0.00	NA
Chemical Oxygen Demand (COD)	NA	NA	NA	NA	0.00	NA
Total Suspended Solids (TSS)	NA	NA	NA	NA	0.00	NA
Total Nitrogen	NA	NA	NA	NA	0.00	NA
Total Phosphorus	NA	NA	NA	NA	0.00	NA
pH	Minimum	Maximum	Minimum	Maximum	0.00	NA

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
NA	NA	NA	NA	NA	0.00	NA

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
NA	NA	NA	NA	NA	0.00	NA

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
NA	NA	NA	NA	NA	NA

7. Provide a description of the method of flow measurement or estimate.

NA

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully, if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	X		X
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: Aguirre Offshore Gas Port

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Michael Trammel, Senior Director Environmental Affairs	(832) 813-7629

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1450 Lake Robbins Drive, Suite 200

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 The Woodlands	TX	77380

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 3 miles Offshore from Jobos Bay

B. COUNTY NAME

Salinas County(Lat.17 deg. 54'14" Long. 66 deg. 13' 49")

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Salinas	PR	00751	NA

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4924 *(specify)* Natural Gas Distribution	4923 *(specify)* Natural Gas Transmission and Distribution

C. THIRD	D. FOURTH
4491 *(specify)* Marine Cargo Handling	1321 *(specify)* Natural Gas Liquids

VIII. OPERATOR INFORMATION

A. NAME: Excelerate Energy

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC *(other than federal or state)*; O = OTHER *(specify)*
P *(specify)* NA

D. PHONE *(area code & no.)*: A (832) 813-7629

E. STREET OR P.O. BOX: 1450 Lake Robbins Drive Suite 200

F. CITY OR TOWN: The Woodlands

G. STATE: TX

H. ZIP CODE: 77380

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N NA	9 P PFE-TV-4911-63-0796-005**
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U NA	9 NA *(specify)* NA
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R NA	9 NA *(specify)* NA

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

A floating storage regasification unit (FSRU) will be moored to an offshore GasPort Terminal located in the Caribbean Sea outside of Jobos Bay. The FSRU will regasify liquefied natural gas (LNG) supplied by liquefied natural gas carriers (LNGCs)that will moor to the GasPort Terminal every 1-2 weeks depending upon demand from the Aguirre Power Plant owned by the Puerto Rico Electric Power Authority (PREPA). The regasified natural gas will be delivered via submarine pipeline to the PREPA Aguirre Power Plant.

** PREPA Aguirre Power Plant Air Permit Number

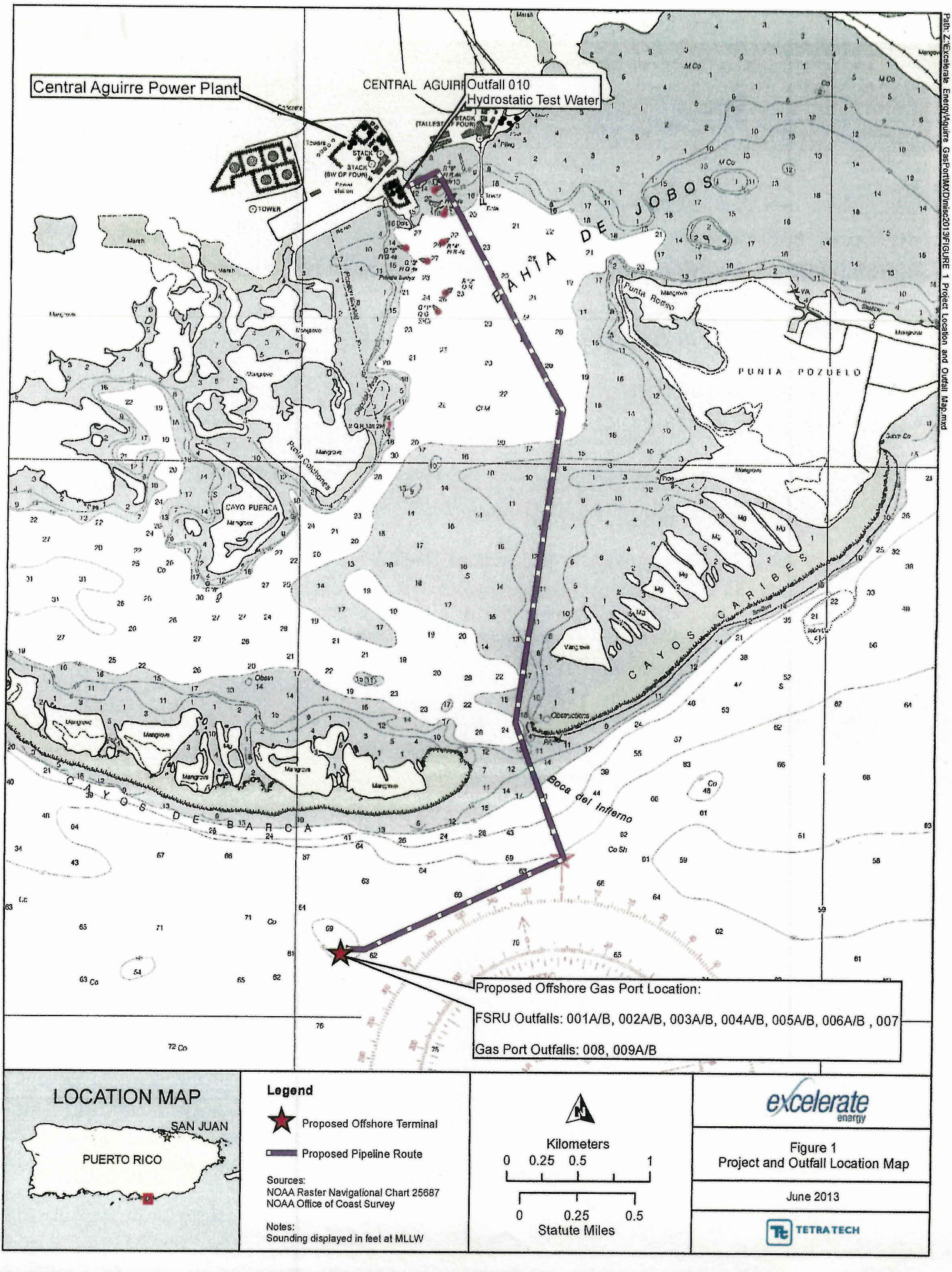
XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

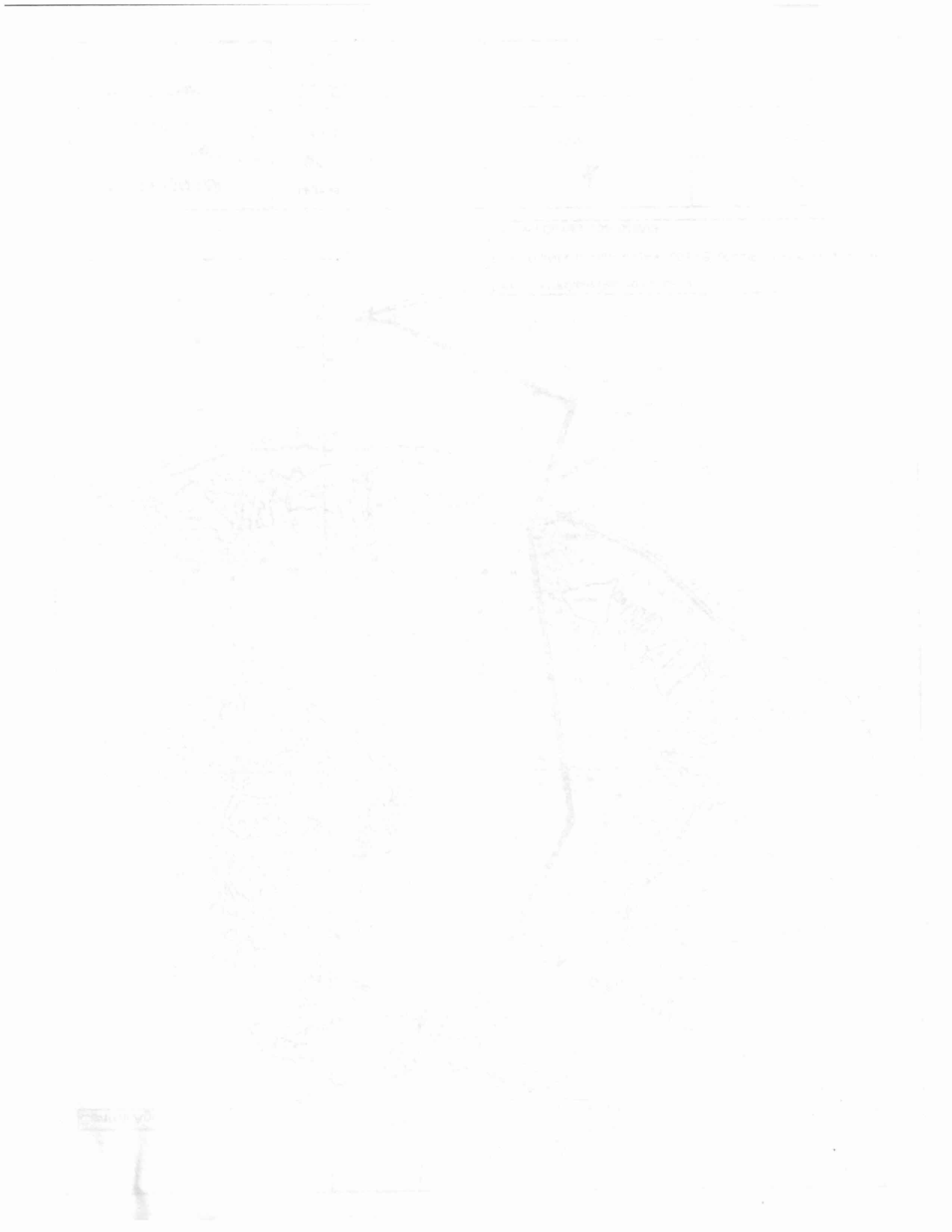
A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
EDWARD SCOTT, COO		3 July 2013

COMMENTS FOR OFFICIAL USE ONLY

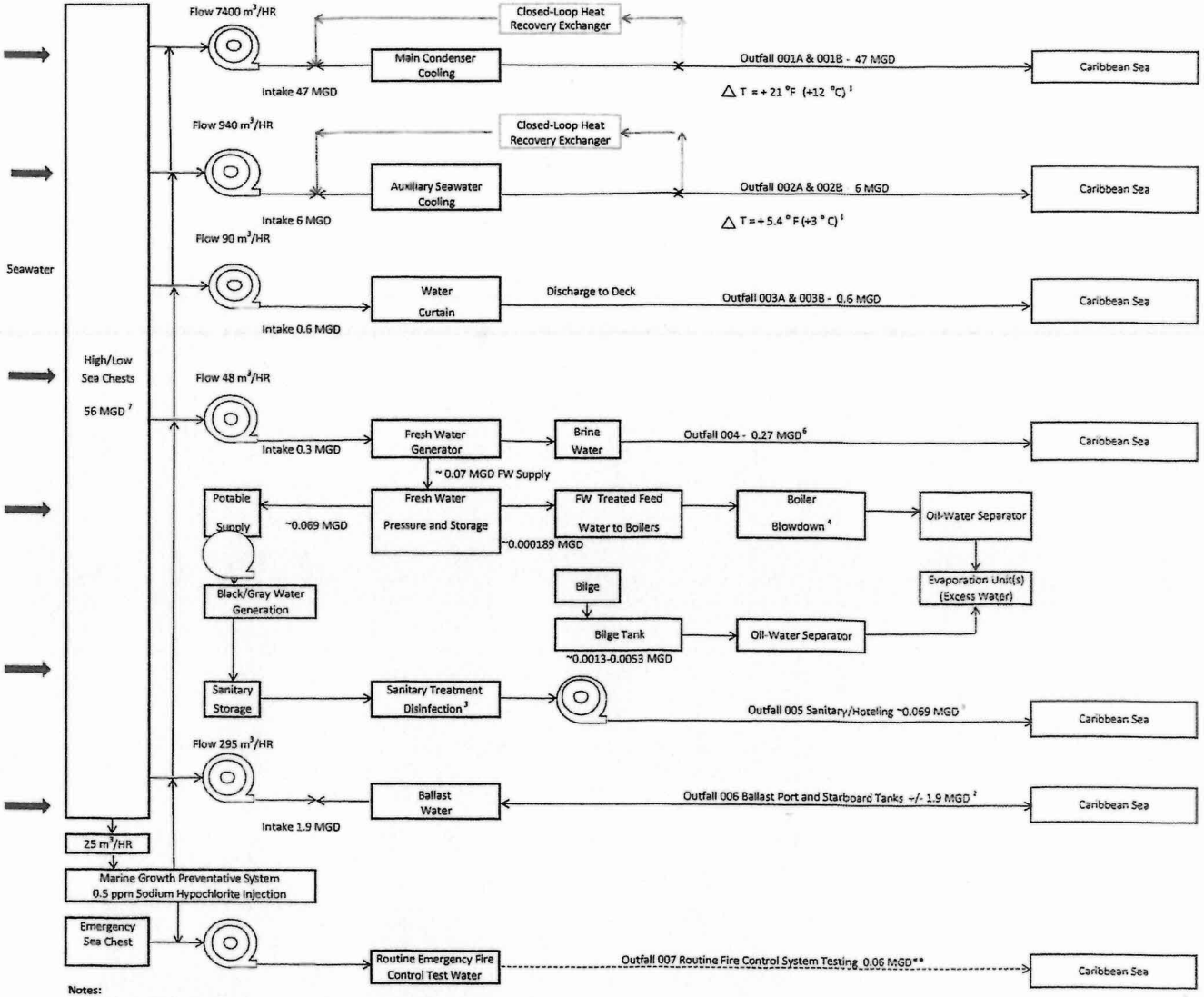
C



Path: Z:\Excelerate Energy\Aguirre GasPort\MXD\misc2013\FIGURE 1 Project Location and Outfall Map.mxd



Aguirre GasPort Floating Storage Regasification Unit (FSRU) - Revised Preliminary Water Balance V1 5-21-13



Notes:

→ Continuous discharge

----------→ Intermittent discharge based on regasification schedule

1 Water withdrawal and discharge based on closed loop and FRSU vessel readiness operation during regasification

2 Ballast water will vary significantly. Value based on Northeast Gateway Projectwith regasification process and on-board storage capacity of the FSRU and may cycle volumes of up to 10,000 m ³/hr.

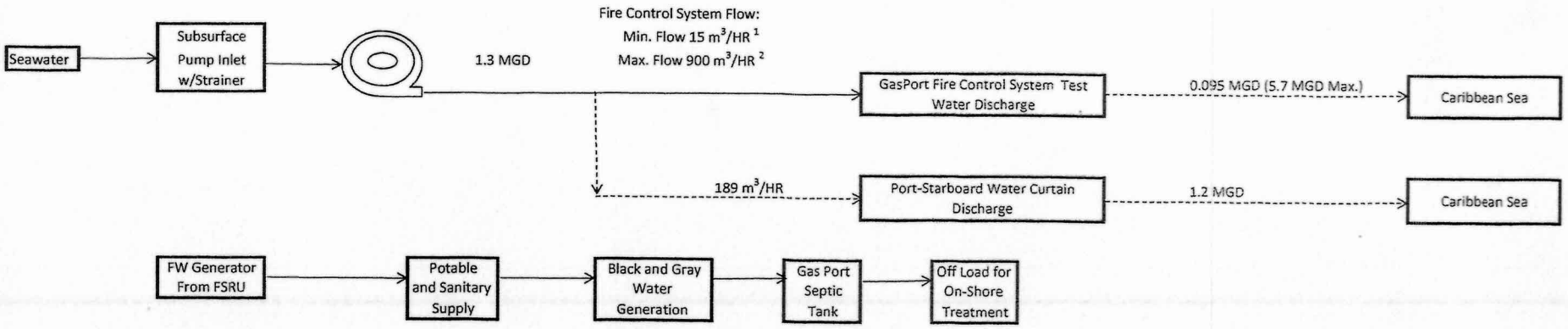
3 On-board gray/black water treatment and disinfection prior to discharge

4 Assumes that 2- Main Boilers have maximum volume of 3,100 gallons each and auxillary boiler has maximum volume of 310 gallons

5 Assumes a sanitary generation rate of 0.069 MGD for 100 member crew

6 Volume of discharge dependent upon daily potable supply and demand needs

7 An additional 960 m³/HR for emergency fire control system via emergency sea chest. Maximum withdrawal of 6 MDG only for emergency use. Intermittent routine testing will use estimated 0.06 MGD



Notes:

——→ Continuous discharge

- - - - - - - - - - → Intermittent discharge based on regasification schedule

[1] Minimum water withdrawal for on demand pressure maintance and service supply will be on routine basis

[2] Maximum flow based on emergency water supply operational demand .

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1	2 — 13	14	15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

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SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
	16	17	18
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
	22	23	24
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	X		X
	25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
	28	29	30
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
	34	35	36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
	40	41	42
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	43	44	45

III. NAME OF FACILITY

C 1 SKIP: Aguirre Offshore Gas Port

15 | 16 – 29 | 30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Michael Trammel, Senior Director Environmental Affairs	(832) 813-7629
15 | 16 — 45	46 — 48 | 49 — 51 | 52 — 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 1450 Lake Robbins Drive, Suite 200

15 | 16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 The Woodlands	TX	77380
15 | 16 — 40	41 — 42	47 — 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 3 miles Offshore from Jobos Bay

15 | 16 — 45

B. COUNTY NAME

Salinas County(Lat.17 deg. 54'14" Long. 66 deg. 13' 49")

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Salinas	PR	00751	NA
15 | 16 — 40	41 — 42	47 — 51	52 — 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4924 (specify) Natural Gas Distribution	4923 (specify) Natural Gas Transmission and Distribution

C. THIRD	D. FOURTH
4491 (specify) Marine Cargo Handling	1321 (specify) Natural Gas Liquids

VIII. OPERATOR INFORMATION

A. NAME: Excelerate Energy

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify) NA

D. PHONE (area code & no.): A (832) 813-7629

E. STREET OR P.O. BOX: 1450 Lake Robbins Drive Suite 200

F. CITY OR TOWN: The Woodlands | G. STATE: TX | H. ZIP CODE: 77380

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N NA	9 P PFE-TV-4911-63-0796-005**
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U NA	9 NA (specify) NA
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R NA	9 NA (specify) NA

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

A floating storage regasification unit (FSRU) will be moored to an offshore GasPort Terminal located in the Caribbean Sea outside of Jobos Bay. The FSRU will regasify liquefied natural gas (LNG) supplied by liquefied natural gas carriers (LNGCs) that will moor to the GasPort Terminal every 1-2 weeks depending upon demand from the Aguirre Power Plant owned by the Puerto Rico Electric Power Authority (PREPA). The regasified natural gas will be delivered via submarine pipeline to the PREPA Aguirre Power Plant.

** PREPA Aguirre Power Plant Air Permit Number

XIII. CERTIFICATION (see instructions)

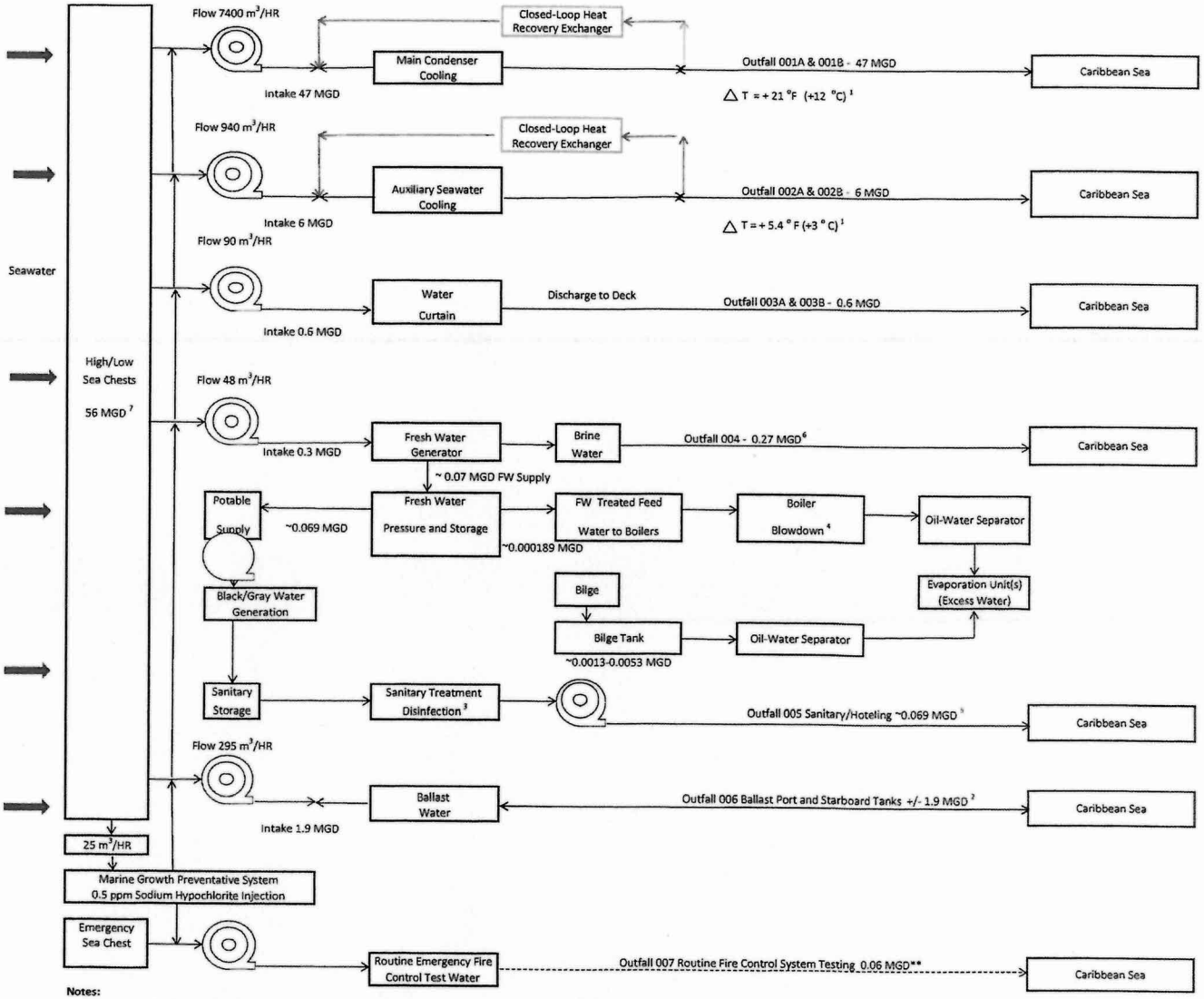
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
EDWARD SCOTT, COO		3 July 2013

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)

Aguirre GasPort Floating Storage Regasification Unit (FSRU) - Revised Preliminary Water Balance V1 5-21-13



Notes:

→ Continuous discharge

--------→ Intermittent discharge based on regasification schedule

1 Water withdrawal and discharge based on closed loop and FRSU vessel readiness operation during regasification

2 Ballast water will vary significantly. Value based on Northeast Gateway Projectwith regasification process and on-board storage capacity of the FSRU and may cycle volumes of up to 10,000 m ^{3}/hr.

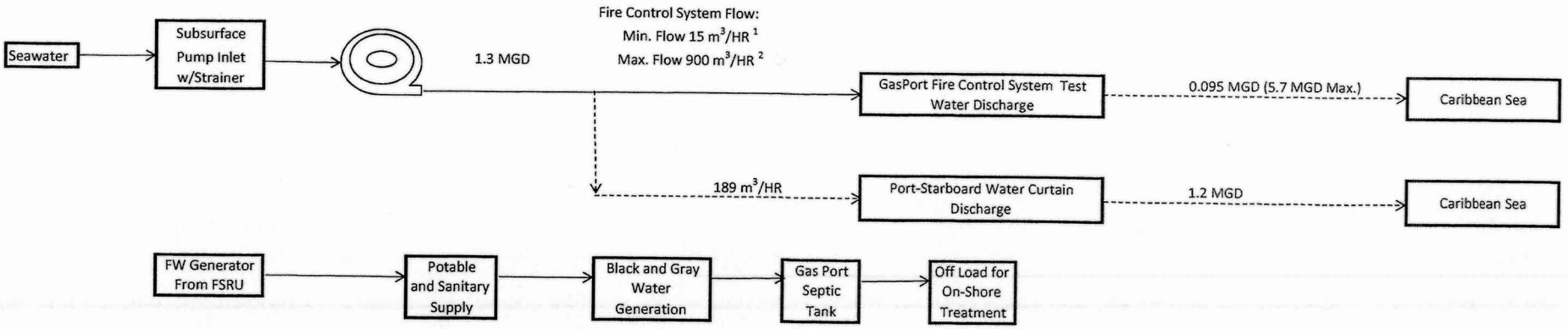
3 On-board gray/black water treatment and disinfection prior to discharge

4 Assumes that 2- Main Boilers have maximum volume of 3,100 gallons each and auxillary boiler has maximum volume of 310 gallons

5 Assumes a sanitary generation rate of 0.069 MGD for 100 member crew

6 Volume of discharge dependent upon daily potable supply and demand needs

7 An additional 960 m^3/HR for emergency fire control system via emergency sea chest. Maximum withdrawal of 6 MDG only for emergency use. Intermittent routine testing will use estimated 0.06 MGD



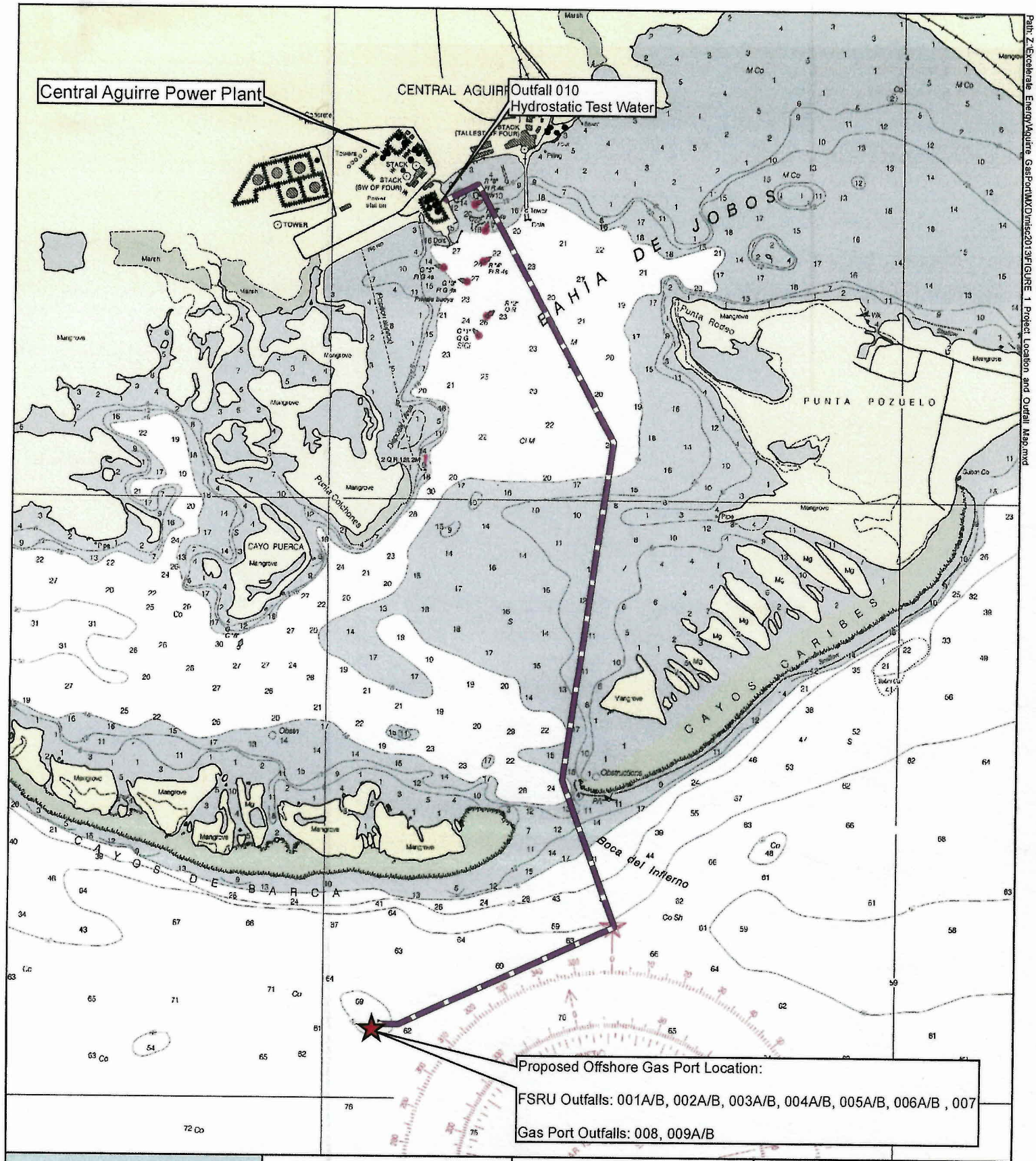
Notes:

——→ Continuous discharge

- - - - - - - - - - → Intermittent discharge based on regasification schedule

[1] Minimum water withdrawal for on demand pressure maintance and service supply will be on routine basis

[2] Maximum flow based on emergency water supply operational demand .



LOCATION MAP

Legend

- Proposed Offshore Terminal
- Proposed Pipeline Route

Sources:
NOAA Raster Navigational Chart 25687
NOAA Office of Coast Survey

Notes:
Sounding displayed in feet at MLLW

Kilometers
0 0.25 0.5 1

0 0.25 0.5
Statute Miles

excelerate energy

Figure 1
Project and Outfall Location Map

June 2013

TETRA TECH

Path: Z:\Excelerate Energy\Aguirre GasPort\MXD\misc2013\FIGURE 1 Project Location and Outfall Map.mxd

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Please print or type in the unshaded areas only

EPA I.D. NUMBER (*copy from Item 1 of Form 1*) PR0027201

Form 2D NPDES

EPA

New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall Number (*list*)	Latitude			Longitude			Receiving Water (*name*)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
001A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
002A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
003A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
004 A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
005 A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)

II. Discharge Date (When do you expect to begin discharging?)

06/30/2015

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (*List*)	2. Average Flow (*Include Units*)	3. Treatment (*Description or List codes from Table 2D-1*)
001A/B	Main Condenser Cooling Water	47 million gal.per day (MGD)	5-F Chlorine treatment, 4-B Discharge to Ocean
002A/B	Auxillary Cooling Water	6.0 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
003A/B	Water Safety Curtain	0.6 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
004A/B	Brine from FW Generator	0.27 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
005A/B	Sanitary and Hoteling	0.069 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
	(Outfall Description	Page 1 of 2)	

Form Approved. OMB No. 2040-0086. Approval expires 8-31-98.

Please print or type in the unshaded areas only	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	

Form 2D NPDES

New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall Number (*list*)	Latitude			Longitude			Receiving Water (*name*)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
006A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
007	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long. of Floating Storage and Regasification Unit (FSRU)
008	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long of Gas Port Platform Structure
009A/B	17.00	54.00	14.00	66.00	13.00	49.00	Caribbean Sea - Lat. and Long of Gas Port Platform Structure
010 Hydrstatic Test Water	17.00	57.00	48.00	66.00	13.00	37.00	Jobos Bay - Lat. and Long. of test water discharge

II. Discharge Date (When do you expect to begin discharging?)

06/30/2015

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (*List*)	2. Average Flow (*Include Units*)	3. Treatment (*Description or List codes from Table 2D-1*)
006A/B	FSRU Ballast system	1.9 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
007	FSRU Fire Control Test Water	0.06 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
008	Gas Port Fire Test Water	0.095 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
009A/B	Port/Star. Safety Curtain	1.2 MGD	5-F Chlorine treatment, 4-B Discharge to Ocean
010	Hydrostatic Test Water	0.24 MGD	4-B Discharge to Ocean
	(Outfall Description	Page 2 of 2)	

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section IV*)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week (*specify average*)	b. Months Per Year (*specify average*)	a. Maximum Daily Flow Rate (*in mgd*)	b. Maximum Total Volume (*specify with units*)	c. Duration (*in days*)
003A/B FSRU Water Safety Curtain	3 days/wk.	12 mon./Yr.	0.6 MGD	73 million gallons (MG)	122 days
007 FSRU Fire Control Test Water	1 day/wk.	12 mon./Yr.	0.06 MGD	3.2 MG	52 days
008 GasPort Fire Control Test Water	1 days/wk.	12 mon./Yr.	0.095 MGD	4.9 MG	52 days
009A/B GasPort Water Safety Curtains	3 day/wk.	12 mon./Yr.	1.2 MGD	146 MG	122 days
010 Hydrostatic Test Water* (*One time test period and not continuing discharge)	-*	-*	0.24 MGD*	0.72 MG*	3 days*

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	A. Quantity Per Day	B. Units Of Measure	c. Operation, Product, Material, etc. (*specify*)
0.00	0.00	0	NA
0.00	0.00	0	NA
0.00	0.00	0	NA

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		001A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	17651	11767	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	103,942	55,501	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1,137	784	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	39,223	11,767	3,4-Need to consider influent concentration
Flow (MGD)	47	47	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	94	47	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	38.2	38.2	Requires mixing zone application
Temperature (Summer) (oC)	44.2	44.2	Requires mixing zone application
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	59	49	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		002A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	2,250	1,500	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	13,250	7,075	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	145	100	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	5,000	1,500	3,4-Need to consider influent concentration
Flow (MGD)	6	6	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	12	6	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	35.2	35.2	Requires mixing zone application
Temperature (Summer) (oC)	35.2	35.2	Requires mixing zone application
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	8	6	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		003A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	225	150	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	1325	708	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	15	10	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	500	150	3,4-Need to consider influent concentration
Flow (MGD)	0.6	0.6	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	1.2	0.6	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.8	0.6	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		004A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	101	68	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	596	318	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	6.5	4.5	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	225	68	3,4-Need to consider influent concentration
Flow (MGD)	0.27	0.27	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.54	0.27	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.34	0.28	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		005A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	26	17.3	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	153.4	81.4	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1.7	1.2	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	58	17.3	3,4-Need to consider influent concentration
Flow (MGD)	0.069	0.069	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.14	0.07	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.09	0.07	3,4-Need to consider influent concentration
Coliforms(MPN/100 mL)	200	<200	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		006A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	713	475	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	4,195	2,240	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	46	32	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	1,584	475	3,4-Need to consider influent concentration
Flow (MGD)	1.9	1.9	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	3.8	1.9	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	2.4	2.0	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		007A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	23	15	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	133	71	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	1.5	1.0	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	50	15	3,4-Need to consider influent concentration
Flow (MGD)	0.06	0.06	FSRU Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.12	0.06	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.08	0.06	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		008

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	36	24	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	210	112	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	2.3	1.6	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	80	24	3,4-Need to consider influent concentration
Flow (MGD)	0.095	0.095	Gas Port Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.19	0.10	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	0.12	0.10	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		009A/B

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	450	300	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	2,650	1,415	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	29	20	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	1,000	300	3,4-Need to consider influent concentration
Flow (MGD)	1.2	1.2	Gas Port Water Balance
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	2.4	1.2	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	0.15	0.13	3,4-Need to considerinfluent concentration
Res.Chlorine (pounds/day)	1.5	1.3	3,4-Need to consider influent concentration

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	Outfall Number
		010

V. Effluent Characteristics

A and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*
Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
Bio.Oxygen Demand (ppm)	45	30	3,4-Need to consider influent concentration
BOD (pounds/day)	90	60	3,4-Need to consider influent concentration
Chemical Oxygen Demand(ppm)	265	141.5	3,4-Need to consider influent concentration
COD(pounds/day)	530	283	3,4-Need to consider influent concentration
Total Organic Carbon (ppm)	2.9	2.0	3,4-Need to consider influent concentration
TOC (pounds/day)	5.8	4.0	3,4-Need to consider influent concentration
Total Suspended Solids(ppm)	100	30	3,4-Need to consider influent concentration
TSS (pounds/day)	200	60	3,4-Need to consider influent concentration
Flow (MGD)	0.24	0.24	Est. Hydrostatic Water Need/Test
N-Ammonia (ppm)	0.24	0.12	3,4-Need to consider influent concentration
N-Ammonia (pounds/day)	0.48	0.24	3,4-Need to consider influent concentration
Temperature (Winter) (oC)	32.2	32.2	PREQB Standard or ambient
Temperature (Summer) (oC)	32.2	32.2	PREQB Standard or ambient
pH (su)	7.3 to 8.5	7.3 to 8.5	PREQB Standard
ResidualChlorine (ppm)	-	-	No chlorine treatment applied
Res.Chlorine (pounds/day)	-	-	No chlorine treatment applied

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
NA	NA

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☐ Report Available ☑ No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
Northeast Gateway Energy Bridge Project NPDES Permit MA0040266	Atlantic Ocean,13 miles offshore from Gloucester, MA
PREPA Aguirre Power Station Complex NPDES Permit PR0001660	Salinas, Puerto Rico

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

None of the constituent concentrations consider an influent based contribution which must be considered for ambient surface water conditions at time of withdrawal.

Biological Oxygen Demand (BOD) estimate based on Puerto Rico Electric Power Authority (PREPA) discharge limits in Aguirre Power Plant NPDES permit (PR 0001660)

Chemical Oxygen Demand (COD) estimate based on effluent characteristics provided in USEPA (1999) nature of discharge report.

Total Organic Carbon (TOC) estimate based on effluent characteristics provided in USEPA (1999) nature of discharge report.

Total Suspended Solids (TSS) estimate based on USEPA Storet database data for TSS concentrations in Caribbean Sea waters and the Puerto Rico Environmental Quality Board (PREQB) narrative standard of no net increase in suspended solids other than by natural causes.

Flows based on projected discharge under maximum water use scenario for the FSRU or Gasport.

Ammonia concentration estimates based on USEPA (1999) nature of discharge report (for estimate purposes only).

Temperature (Winter) not to exceed the PREQB maximum standard of 32.2 oC (90oF) within permitable mixing zone. Maximum temperature rise based on discharge monitoring reports for the Northeast Gateway Project NPDES permit modification. Excelerate Energy requests the application for a mixing zone for Outfalls 001A/B and 002A/B.

Temperature (Summer) not to exceed the PREQB maximum standard of 32.2 oC (90oF) within permitable mixing zone. Maximum temperture rise based on discharge monitoring reports for the Northeast Gateway Project NPDES permit modification. Excelerate Energy requests the application for a mixing zone for Outfalls 001A/B and 002A/B.

Ph based on ambient conditions and PREQB standard of not to occur outside the range of 6.3 to 8.5 su

Residual chlorine levels based on anticipated residual levels for effective treatment for control of marine biofouling in water intake systems.

Excelerate Energy requests a PRDEQB mixing zone for Outfall 001A/B and Outfalll 002A/B.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title (*type or print*)	B. Phone No.
EDWARD SCOTT, GOO	832-813-7100
C. Signature	**D. Date Signed**
	3 July 2013